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02/10/2006 FPATTERS 00000003 100750 09621565

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DOCKET NO. JBP510

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Miri Seiberg, et al.

Serial No.: 09/621,565

Art Unit: 1615

Filed : July 21, 2005

Examiner: Blessing M. Fubara

For : REDUCING HAIR GROWTH, HAIR FOLLICLE AND HAIR SHAFT SIZE AND
HAIR PIGMENTATION

I hereby certify that this correspondence is being deposited with the
United States Postal Service as first class mail in an envelope addressed
to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

January 27, 2006

(Date of Deposit)

Andrea L. Colby, Reg. No. 30,194

(Name of applicant, assignee, or Registered Representative)

/Andrea L. Colby/

(Signature)

January 27, 2006

(Date of Signature)

Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PETITION FOR EXTENSION OF TIME
AND AUTHORIZATION TO CHARGE
DEPOSIT ACCOUNT THEREFOR

Dear Sir:

Applicant(s) petition(s) the Commissioner of Patents and Trademarks to
extend the time for response to the Office Action dated September 27, 2005
for one(1) month(s) from December 27, 2005 to January 27, 2006. An Amendment
responding to the aforesaid Office Action is being filed concurrently
herewith.

Please charge Deposit Account No. 10-0750/JPB510/ALC in the name of
Johnson & Johnson for the cost of filing this Petition. Three copies of this
petition are enclosed.

Respectfully submitted,

/Andrea L. Colby/

Andrea L. Colby
Reg. No. 30,194
Attorney for Applicant(s)

Johnson & Johnson
One Johnson & Johnson Plaza
New Brunswick, NJ 08933-7003
(732) 524-2792
DATE: January 27, 2006

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

9/621565

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|---|--------------|--------------|
| TOTAL CLAIMS | | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | minus 20 = | * |
| INDEPENDENT CLAIMS | minus 3 = | * |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

1/27/06

| | (Column 1) | | (Column 2) | | (Column 3) |
|---|-------------|---|---|-------|---|
| AMENDMENT A | | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| | | | | | PRESENT EXTRA |
| | Total | * | 25 | Minus | ** 67 |
| | Independent | * | 4 | Minus | *** 4 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | |

SMALL ENTITY
TYPE ☐

OR OTHER THAN
SMALL ENTITY

| RATE | FEE |
|-----------|--------|
| BASIC FEE | 385.00 |
| XS 9= | |
| X43= | |
| +145= | |
| TOTAL | |

OR

| RATE | FEE |
|-----------|--------|
| BASIC FEE | 770.00 |
| XS18= | |
| X86= | |
| +290= | |
| TOTAL | |

SMALL ENTITY

OR OTHER THAN
SMALL ENTITY

| RATE | ADDI- TIONAL FEE |
|---------------------|------------------------|
| XS 9= | |
| X43= | |
| +145= | |
| TOTAL ADDIT. FEE | |

OR

| RATE | ADDI- TIONAL FEE |
|---------------------|------------------------|
| XS18= | |
| X86= | |
| +290= | |
| TOTAL ADDIT. FEE | |

(Column 1)

(Column 2)

(Column 3)

| | (Column 1) | | (Column 2) | | (Column 3) |
|---|-------------|---|---|-------|---|
| AMENDMENT B | | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| | | | | | PRESENT EXTRA |
| | Total | * | | Minus | ** |
| | Independent | * | | Minus | *** |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | |

| RATE | ADDI- TIONAL FEE |
|---------------------|------------------------|
| XS 9= | |
| X43= | |
| +145= | |
| TOTAL ADDIT. FEE | |

OR

| RATE | ADDI- TIONAL FEE |
|---------------------|------------------------|
| XS18= | |
| X86= | |
| +290= | |
| TOTAL ADDIT. FEE | |

(Column 1)

(Column 2)

(Column 3)

| | (Column 1) | | (Column 2) | | (Column 3) |
|---|-------------|---|---|-------|---|
| AMENDMENT C | | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| | | | | | PRESENT EXTRA |
| | Total | * | | Minus | ** |
| | Independent | * | | Minus | *** |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | |

| RATE | ADDI- TIONAL FEE |
|---------------------|------------------------|
| XS 9= | |
| X43= | |
| +145= | |
| TOTAL ADDIT. FEE | |

OR

| RATE | ADDI- TIONAL FEE |
|---------------------|------------------------|
| XS18= | |
| X86= | |
| +290= | |
| TOTAL ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.